

BCC NAME**IN-HOME SUPPORTIVE SERVICES (IHSS) ADVISORY COMMITTEE****COUNTY DEPARTMEN****HEALTH & HUMAN SERVICES AGENCY****CONTACT PERSON****Vickie Molzen****PHONE NUMBER****(858) 505-6963****MAILSTOP****W433****FAX NUMBER****(858) 495-5080****E-Mail Address:**

| | | | | | |
|---------------------|------------------------------|------------|---------------------|---|---------------------|
| MEMBER NAME | Campbell, Sandra | | | | |
| APPOINTMENT | 1/1/2004 | MO# | EXPIRATION | 12/31/2005 | TERM 2 years |
| NOMINATED BY | Chief Administrative Officer | | APPOINTED BY | Chief Administrative Officer | |
| REQUIREMENT | Provider - Non Family Member | | COMMENTS | IHSS Advisory Committee - orig appt. 5/1/03 | |

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|---------------------|------------------------------|------------|---------------------|------------------------------|---------------------|
| MEMBER NAME | Chaidez, Larry | | | | |
| APPOINTMENT | 1/1/2004 | MO# | EXPIRATION | 12/31/2005 | TERM 2 YEARS |
| NOMINATED BY | Chief Administrative Officer | | APPOINTED BY | Chief Administrative Officer | |
| REQUIREMENT | Severly Impaired, Under 65 | | COMMENTS | District 2- 1st Term | |

| | | | | | |
|---------------------|------------------------------|------------|---------------------|-------------------------------------|---------------------|
| MEMBER NAME | Gipson, Michael | | | | |
| APPOINTMENT | 1/1/2003 | MO# | EXPIRATION | 12/31/2004 | TERM 2 YEARS |
| NOMINATED BY | IHSS ADVISORY COMMITTEE | | APPOINTED BY | Chief Administrative Officer | |
| REQUIREMENT | SEVERELY IMPAIRED - UNDER 65 | | COMMENTS | DISTRICT 4, 2nd TERM, CO-VICE CHAIR | |

| | | | | | |
|---------------------|------------------------------|------------|---------------------|------------------------------|---------------------|
| MEMBER NAME | Hoye, Pam | | | | |
| APPOINTMENT | 1/1/2004 | MO# | EXPIRATION | 12/31/2005 | TERM 2-YEARS |
| NOMINATED BY | CHIEF ADMINISTRATIVE OFFICER | | APPOINTED BY | Chief Administrative Officer | |
| REQUIREMENT | Severely Impaired, Under 65 | | COMMENTS | District 3 - 1st Term | |

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|---------------------|-------------------------------------|------------|---------------------|---|---------------------|
| MEMBER NAME | Nicholas, Rev. Howard | | | | |
| APPOINTMENT | 1/1/2004 | MO# | EXPIRATION | 12/31/2005 | TERM 2 YEARS |
| NOMINATED BY | AIS Advisory Council | | APPOINTED BY | Chief Administrative Officer | |
| REQUIREMENT | AIS Council Advisory Representative | | COMMENTS | District 2 - Original appt. 11/30/01, completed term for Jack Duff 1/1/02 - 12/31/03. | |

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MEMBER NAME Owens, Shirley**APPOINTMENT** 5/1/2003 **MO#** **EXPIRATION** 4/30/2005 **TERM** 2 YEARS**NOMINATED BY** IHSS ADVISORY COMMITTEE **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Severely impaired, under 65 **COMMENTS** District 4, 1st term

MEMBER NAME Stevenson, John**APPOINTMENT** 1/1/2004 **MO#** **EXPIRATION** 12/31/2005 **TERM** 2 YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Individual Provider **COMMENTS** District 5, (2nd term, Chair of Committee)

MEMBER NAME Stokes, Annie**APPOINTMENT** 1/1/2004 **MO#** **EXPIRATION** 12/31/2005 **TERM** 2 Years**NOMINATED BY** CHIEF ADMINISTRATIVE OFFICER **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** CONSUMER UNDER 65 **COMMENTS** IHSS ADVISORY COMMITTEE - Orig. appt. 05/1/2003

MEMBER NAME VACANT**APPOINTMENT** **MO#** **EXPIRATION** 12/31/2003 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Individual Provider - Non Family Member **COMMENTS** District 1

MEMBER NAME VACANT**APPOINTMENT** **MO#** **EXPIRATION** **TERM** INDEFINITE**NOMINATED BY** Membership Committee **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Provider Contract Mode **COMMENTS** Alternate Member -

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MEMBER NAME VACANT**APPOINTMENT** **MO#** **EXPIRATION** 12/31/2003 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Contract Provider - Non Family Member **COMMENTS** District 4

MEMBER NAME VACANT**APPOINTMENT** **MO#** **EXPIRATION** **TERM** 18 MONTHS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Consumer Over 60 **COMMENTS** Alternate Member

MEMBER NAME VACANT**APPOINTMENT** 5/1/2003 **MO#** **EXPIRATION** 4/30/2005 **TERM** 2 YEARS**NOMINATED BY** CHIEF ADMINISTRATIVE OFFICER **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** INDIVIDUAL FROM COMMUNITY - IHSS INTEREST & INVOLVEMENT **COMMENTS** DISTRICT 4, Community Representative to complete term for Cheryl Bergan(former)if appointed prior to 4/30/04

MEMBER NAME VACANT**APPOINTMENT** **MO#** **EXPIRATION** **TERM** INDEFINITE**NOMINATED BY** Aging and Independence Services **APPOINTED BY** Aging and Independence Services**REQUIREMENT** Provider Family Member **COMMENTS** District 1 - Alternate Member

MEMBER NAME VACANT**APPOINTMENT** 1/10/2001 **MO#** **EXPIRATION** 12/31/2003 **TERM** 2-YEARS**NOMINATED BY** Chief Administrative Officer **APPOINTED BY** Chief Administrative Officer**REQUIREMENT** Non-Severly Impaired, Over 65 **COMMENTS** District 5

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IN-HOME SUPPORTIVE SERVICES (IHSS) ADVISORY COMMITTEE

COUNTY DEPARTMEN

HEALTH & HUMAN SERVICES AGENCY

CONTACT PERSON

Vickie Molzen

PHONE NUMBER

(858) 505-6963

MAILSTOP

W433

FAX NUMBER

(858) 495-5080

E-Mail Address:

MEMBER NAME

Wigler, Ken

APPOINTMENT

6/1/2003

MO#***EXPIRATION***

5/31/2005

TERM

2 YEARS

NOMINATED BY

MEMBERSHIP SUBCOMMITTEE

APPOINTED BY

Chief Administrative Officer

REQUIREMENT

CONSUMER OVER 60

COMMENTS

1ST APPT: 6-1-3